

EXHIBIT 22



Payroll Change Notice

Effective Date:	06/10/04	<input type="checkbox"/> New Hire	<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> Status Change	<input type="checkbox"/> Transfer
Month/Date/Year					
<input type="checkbox"/> Compensation		<input type="checkbox"/> Job Change	<input type="checkbox"/> Bonus	<input type="checkbox"/> Disability	<input type="checkbox"/> Address Change
		<input type="checkbox"/> Shift Change		<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Other
General Information					
Employee #	451				
Employee Name:	Tillman, Marlayna		SSN: 521-28-2725		
Department:	Shipping		Location:	Concordville	
Title:	Forklift Operator		Reports to:	W Swindell	
			Name	Title	
Status:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time		<input type="checkbox"/> Exempt	<input checked="" type="checkbox"/> Non-Exempt	
			Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single
Date of Birth:	06/06/06	Month/Date/Year	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address:	Street Address		Apt/Unit	City	
	State	Zip Code	Country	Phone	
Demographic Information					
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Veteran
Complete for Compensation & Benefits					
Current Salary:	\$	Change in %	%	Bonus %	
New Salary:	\$	Change in \$	\$	Shift	
Rate 2	\$	Rate 3	\$	Pay Grade:	
Annual Vacation Entitlement:				Other:	
Complete for Termination, Disability, Leave of Absence or Transfer					
<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> Disability	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Transfer	Reason:	
Vacation Taken:	Vacation Owed:				
Other (Give Details):					
Additional Comments					
<hr/> <hr/> <hr/>					
Approvals					
Site Hiring Manager	Title:			Date:	
Site or Plant Manager	Title:			Date:	
Vice President	Title:			Date:	
Site HR Manager	Title: <u>Patricia Swindell</u>			Date: <u>7-16-04</u>	
Divisional HR Director	Title:			Date:	
(All termination PCN's must be faxed to Columbus within 24 hours of termination date)					